



# City of Groveland Sign Permit

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # of Contact person: \_\_\_\_\_

Size of Temporary Sign: \_\_\_\_\_

Date Placement: \_\_\_\_\_

Date of Removal: \_\_\_\_\_

Number of Signs to be Placed: \_\_\_\_\_

Location of Signs to be Placed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Message on Sign: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sign Fee:	\$10.00	Up to Six Signs
	1.00	For each Additional Sign

Amount

Method of Payment: \_\_\_\_\_ Cash      Check # \_\_\_\_\_